

SCURA WIGFIELD HEYER & STEVENS, LLP
1599 HAMBURG TURNPIKE
WAYNE, NJ 07470

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY**

TRUSTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS AS OF 12/31/2018
Chapter 13 Case # 16-22255

Re: CHRISTOPHER BAILEY
JUDITH A. BAILEY
14 SOUTH HALL COURT
WAYNE, NJ 07470

Atty: SCURA WIGFIELD HEYER & STEVENS, LLP
1599 HAMBURG TURNPIKE
WAYNE, NJ 07470

NOTE: THIS IS A BASE PLAN IN THE AMOUNT OF \$30,215.00

RECEIPTS AS OF 12/31/2018

(Please Read Across)

Date	Amount	Source Document No.	Date	Amount	Source Document No.
07/13/2016	\$200.00	3160840000 -	08/01/2016	\$200.00	3200693000 -
08/30/2016	\$1,300.00	3279438000 -	09/30/2016	\$1,300.00	3355560000 -
11/07/2016	\$1,300.00	3457906000 -	12/19/2016	\$1,300.00	3563159000 -
01/30/2017	\$1,300.00	3662464000 -	03/09/2017	\$1,300.00	3784067000 -
04/10/2017	\$1,300.00	3871343000 -	05/11/2017	\$1,300.00	3956488000 -
06/08/2017	\$1,300.00	4028384000 -	07/12/2017	\$1,300.00	4118771000 -
09/08/2017	\$1,300.00	4270383000 -	10/10/2017	\$1,000.00	4344942000 -
12/21/2017	\$740.00	4532605000 -	12/28/2017	\$740.00	4545941000 -
01/26/2018	\$740.00	4620721000 -	03/28/2018	\$759.00	4784549000
04/09/2018	\$759.00	4818557000	06/01/2018	\$759.00	4956746000
06/27/2018	\$759.00	5021172000	08/10/2018	\$759.00	5143795000
09/21/2018	\$250.00	5248539000	10/15/2018	\$250.00	5314083000
12/03/2018	\$250.00	5434014000			
Total Receipts: \$22,465.00 - Amount Refunded to Debtor: \$0.00 = Receipts Applied to Plan: \$22,465.00					

LIST OF PAYMENTS TO CLAIMS AS OF 12/31/2018

(Please Read Across)

Claimant Name	Date	Amount	Check #	Date	Amount	Check #
ACAR LEASING LTD	02/21/2017	\$19.20	773,575	03/13/2017	\$19.20	775,555
	04/14/2017	\$19.20	777,322	05/15/2017	\$19.19	779,208
	06/19/2017	\$19.20	781,163	07/17/2017	\$19.55	783,227
	08/14/2017	\$19.17	785,000	10/16/2017	\$19.97	788,874
	11/20/2017	\$14.75	790,468	01/22/2018	\$6.73	794,238
	02/20/2018	\$6.73	796,147	03/19/2018	\$6.60	797,931
	05/14/2018	\$13.58	801,676	07/16/2018	\$6.81	805,567

Chapter 13 Case # 16-22255

Claimant Name	Date	Amount	Check #	Date	Amount	Check #
CIT BANK NA	12/19/2016	\$203.62	769,660	02/21/2017	\$1,180.24	773,458
	03/13/2017	\$1,180.24	775,457	04/14/2017	\$1,180.24	777,205
	05/15/2017	\$1,180.24	779,085	06/19/2017	\$1,180.25	781,032
	07/17/2017	\$1,202.00	783,110	08/14/2017	\$1,179.01	784,886
	10/16/2017	\$1,227.87	788,770	11/20/2017	\$906.93	790,352
	01/22/2018	\$413.64	794,112	01/22/2018	\$267.16	794,112
	02/20/2018	\$413.64	796,025	02/20/2018	\$267.16	796,025
	03/19/2018	\$405.92	797,807	03/19/2018	\$262.17	797,807
	03/19/2018	\$13.00	797,807	05/14/2018	\$834.89	801,554
	05/14/2018	\$539.23	801,554	05/14/2018	\$26.74	801,554
	07/16/2018	\$418.55	805,791	07/16/2018	\$270.33	805,455
	07/16/2018	\$13.41	805,455	08/20/2018	\$109.01	807,679
	08/20/2018	\$70.41	807,307			
CREDIT ACCEPTANCE CORPORATION	08/20/2018	\$531.00	807,958			
TOWNSHIP OF WAYNE	02/21/2017	\$27.98	775,057	03/13/2017	\$23.86	776,815
	04/14/2017	\$23.86	778,702	05/15/2017	\$23.86	780,609
	06/19/2017	\$23.86	782,645	07/11/2017	(\$23.86)	776,815
	07/17/2017	\$25.61	784,490	08/14/2017	\$25.12	786,318
	10/16/2017	\$26.16	789,950	11/20/2017	\$19.32	791,847
	01/22/2018	\$8.81	795,593	02/20/2018	\$8.81	797,414
	03/19/2018	\$8.65	799,258	05/14/2018	\$17.79	803,034
	07/16/2018	\$8.92	806,925			
UNITED STATES TREASURY/IRS	11/15/2016	\$198.86	8,000,202	12/19/2016	\$1,015.56	8,000,218

CLAIMS AND DISTRIBUTIONS

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
TTE	TRUSTEE COMPENSATION	ADMIN			1,163.84	TBD
ATTY	ATTORNEY (S) FEES	ADMIN	7,598.49	100.00%	4,165.46	3,433.03
COURT	CLERK OF COURT	ADMIN	0.00	100.00%	0.00	0.00
0001	ATLANTIC NEUROSURGICAL	UNSECURED	0.00	*	0.00	
0002	BRIAN P TRAVA DMD PA	UNSECURED	714.85	*	0.00	
0003	CIT BANK NA	MORTGAGE ARRI	13,216.29	100.00%	13,216.29	
0004	CAPITAL ONE BANK	UNSECURED	3,237.90	*	0.00	
0005	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	300.00	*	0.00	
0007	CHILTON MEDICAL CENTER	UNSECURED	0.00	*	0.00	
0008	QUANTUM3 GROUP LLC	UNSECURED	2,893.72	*	0.00	
0009	CREDIT ACCEPTANCE	UNSECURED	0.00	*	0.00	
0010	DARRYL R. VOIGHT OD PC	UNSECURED	0.00	*	0.00	
0012	ENT AND ALLERGY ASSOCIATES, LLC	UNSECURED	0.00	*	0.00	
0015	H ABESSI, MD	UNSECURED	0.00	*	0.00	
0016	HCFS HEALTHCARE FINANCIAL SERVICE	UNSECURED	0.00	*	0.00	
0017	UNITED STATES TREASURY/IRS	PRIORITY	1,214.42	100.00%	1,214.42	
0018	CAPITAL ONE NA	UNSECURED	372.03	*	0.00	
0019	LABCORP	UNSECURED	0.00	*	0.00	
0020	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	204.00	*	0.00	
0021	MONTCLAIR RADIOLOGY	UNSECURED	0.00	*	0.00	
0023	NJ GASTRO AND ENDO ASSOC., PA	UNSECURED	0.00	*	0.00	
0024	UNITED STUDENT AID FUNDS INC	UNSECURED	20,033.64	*	0.00	
0026	NEW JERSEY UROLOGY	UNSECURED	0.00	*	0.00	
0027	PSE&G	UNSECURED	0.00	*	0.00	
0028	PLAINS CARDIO-PULMONARY ASSOCIAT	UNSECURED	0.00	*	0.00	
0030	POINT VIEW RADIOLOGY ASSOCIATES, P	UNSECURED	0.00	*	0.00	

Chapter 13 Case # 16-22255

Claim #	Claimant Name	Class	Allowed Claim	Percent to be Paid	Paid	Unpaid Balance *
0031	RMCB	UNSECURED	0.00	*	0.00	
0033	SA-VIT COLLECTION AGEN	UNSECURED	0.00	*	0.00	
0034	SPRINT CORP	UNSECURED	1,604.42	*	0.00	
0035	ST. JOSEPH'S HOSPITAL	UNSECURED	0.00	*	0.00	
0036	SUBURBAN NEPHROLOGY GROUP	UNSECURED	0.00	*	0.00	
0037	MIDLAND FUNDING LLC	UNSECURED	377.74	*	0.00	
0038	TOWNSHIP OF WAYNE	SECURED	566.57	100.00%	248.75	
0039	UTC BILLING DEPT.	UNSECURED	0.00	*	0.00	
0040	VERIZON WIRELESS	UNSECURED	0.00	*	0.00	
0041	WAYNE EMA	UNSECURED	0.00	*	0.00	
0043	WAYNE PATHOLOGISTS, PA	UNSECURED	0.00	*	0.00	
0046	LABCORP	UNSECURED	0.00	*	0.00	
0047	NAVIENT SOLUTIONS INC	UNSECURED	7,097.09	*	0.00	
0048	POINT VIEW RADIOLOGY ASSOCIATES, P	UNSECURED	0.00	*	0.00	
0049	PSE&G	UNSECURED	0.00	*	0.00	
0050	UTC BILLING DEPT.	UNSECURED	0.00	*	0.00	
0051	UNITED STATES TREASURY/IRS	UNSECURED	146.89	*	0.00	
0052	MORRISTOWN PATHOLOGY ASSOC PA	UNSECURED	0.00	*	0.00	
0053	NAPA LLC	UNSECURED	0.00	*	0.00	
0054	NJ EZ PASS	UNSECURED	0.00	*	0.00	
0055	CREDIT ACCEPTANCE CORPORATION	VEHICLE SECURE	0.00	100.00%	0.00	
0056	NEW JERSEY TURNPIKE AUTHORITY	UNSECURED	4,414.85	*	0.00	
0057	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	348.00	*	0.00	
0058	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	168.22	*	0.00	
0059	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	348.00	*	0.00	
0060	CAREPOINT HEALTH HOSPITAL	UNSECURED	104.10	*	0.00	
0061	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	300.00	*	0.00	
0062	CAREPOINT HEALTH HOSPITAL	UNSECURED	49,154.86	*	0.00	
0063	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	100.24	*	0.00	
0064	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	300.00	*	0.00	
0065	CAREPOINT HEALTH PHYSICAN CHMG	UNSECURED	300.00	*	0.00	
0066	ACAR LEASING LTD	VEHICLE SECURE	452.48	100.00%	209.88	
0067	CIT BANK NA	(NEW) MTG Agree	1,676.46	100.00%	1,676.46	
0068	CIT BANK NA	(NEW) MTG Agree	531.00	100.00%	53.15	
0069	CREDIT ACCEPTANCE CORPORATION	ADMINISTRATIVE	531.00	100.00%	531.00	

Total Paid: \$22,479.25

See Summary

SUMMARY

Summary of all receipts and disbursements from the date the case was filed , to and including: January 18, 2019.

Receipts: \$22,465.00 - Paid to Claims: \$17,149.95 - Admin Costs Paid: \$5,329.30 = Funds on Hand: \$235.75

****NOTE:** THIS REPORT IS NOT TO BE USED AS A PAYOFF FIGURE. ADDITIONAL ALLOWED CLAIMS AND OTHER VARIABLES MAY AFFECT THE AMOUNT TO COMPLETE THE PLAN.